PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I

Application or Docket Number

			(Column 1)					TYPE		OR	OR SMALL ENTIT	
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TO	TAL CHARGEA	ABLE CLAIMS	<i>M</i> minus 20=		* 0			X\$ 9=		OR	X\$18=	
INE	EPENDENT CI	LAIMS	3 mi	inus 3 =	* 0	7		X42=		OR	X84=	
MU	LTIPLE DEPEN	NDENT CLAIM P	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				ı	TOTAL		OR	TOTAL	7(10
CLAIMS AS AMENDED - PART II										1	OTHER	
		(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	* 19	Minus	* a	<u> </u>	=		X\$ 9=		ÓR	X\$18=	
AME	Independent	TATION OF MI	Minus	PENDENT	2 CLAIM	= /		X42=		OR	X84=	
	·	NIATION OF IM	JEIN LE DEI LINDLINI		OLANO 1		- [+140=		OR	4280=	
							_	TOTAL ADDIT. FEE		ÓR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	n 2)	(Column 3)	•					•
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	OL A184	=		X42=		OR	X84=	
	FINST PRESE	NTATION OF MU	JLIIPLE DEF	PENDENT	CLAIM		'	+140=		OR	+280=	
		,					L	TOTAL		OR	TOTAL	
		(Column 1)		(Colum	ın 2)	(Column 3)	Α	DDIT. FEE		•	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
•	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		┞					
* 1	f the entry in colu	mn 1 is lose than th	ne entry in colu	ımn 2 write '	"O" in col	umn 3	L	+140= TOTAL		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		nber Previously Pai					r foui	nd in the app	ropriate box	c in col	umn 1.	